

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

41203

 File No. 5192
 Registered No. 5192
 St. Ward

1. PLACE OF DEATH

 County Johnson Registration District No. 4
 Township Frank Primary Registration District No. 9
 City Kansas City (No. Kansas City Gen Hosp) St. Ward

2. FULL NAME

 (a) Residence, No. 1109 E 14th St. 2 Ward.

 Length of residence in city or town where death occurred 11 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucelle Jones Johnson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 23-1885
 7. AGE YEARS 46 MONTHS 0 DAYS 7 If LESS than 1 day, 0 hrs. 0 min.

 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas13. NAME Wm. L. Johnson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois15. MAIDEN NAME Anna Brown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama17. INFORMANT Reverend Clerk18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE Jan 1 193219. UNDERTAKER W. B. T. T. T.20. FILER W. B. T. T. T.
 20. FILER W. B. T. T. T. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-30-1931
 22. I HEREBY CERTIFY, That I attended deceased from 12-15-1931 to 12-30-1931

 I last saw him alive on 12-30-1931 Death is said to have occurred on the date stated above, at 5:30 a. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach with metastases to Liver

46B

Other contributory causes of importance:

 Name of operation None Date of

 What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

 If so, specify (Signed) W. B. T. T. T. M. D.

 (Address) Subd. of T. C. Gen. Hosp. Kansas

